



NASSAU COUNTY OFFICE OF MINORITY AFFAIRS

240 Old Country Rd, 3RD FLOOR
Mineola, NEW YORK 11501

TEL. (516)-572-2240 FAX: (516)-571-6555

**Minority and Women-Owned Business Enterprise
Recertification Application**

SECTION I. GENERAL INFORMATION

1. Name of Firm: _____
2. Name of Owner upon which minority or woman status is relied: _____
3. Address: _____
City: _____ State: _____ Zip: _____
- 3a. Mailing address: _____
City: _____ State: _____ Zip: _____
4. Telephone: _____ Fax: _____ Email: _____
5. Principal Contact Person and Title: _____
6. Type of Business Structure () Corporation () Partnership () Sole Proprietorship
7. Type of Work Performed by the Company: _____

SECTION II. OWNERSHIP AND CONTROL INFORMATION

1. Have there been any changes in the ownership, management, control or structure of your company since your initial certification or previous annual update (e.g., new partner, incorporation, bylaws, redistribution or new distribution of stock, etc.)?

() NO () YES

If **YES**, please describe changes and attach relevant supporting documentation, i.e., stock certificate copies (both sides), corporate resolutions, purchase agreements, copies of canceled checks, etc.:

2. List all shareholders, directors, officers, or outside firms that hold an interest in the company, along with minority classification (attach additional sheet if needed).

Name & Title	% of Shares	Race/Ethnicity	Gender

3. Name of the person who holds the highest position with the company:

Name: _____ Position Title: _____

3a. If **not** the same name of person upon which the company is relying for certification, please indicate title of person as stipulated in #1 & #2.

Name: _____

Position Title: _____

SECTION III. BUSINESS OPERATIONAL INFORMATION

1. Gross Sales (a copy of last fiscal year tax return is required; please attach to this document)

\$ _____ Tax Year 20_____

2. **Responsibilities.** List the name(s) of individuals(s) responsible for the following decisions:

Name/Title Gender/Ethnic Status

1. Financial Decision
2. Office Management
3. Estimating
4. Marketing/Sales
5. Hiring/Firing of Mgmt
6. Hiring/Firing of Field Personnel
7. Purchasing – Major
8. Negotiating (bonds/loans)
9. Supervision Field Operation
10. Signing for Insurance/Payroll
11. Contract Negotiation

3. Describe and explain any changes in the bylaws, operating agreement, articles of incorporation, articles of organization, partnership agreement in the last two (2) years that affect the duties and/or powers of the principles, officers, and/or directors of the corporation. Provide copies of any changes.

Return your completed application to:

**Nassau Count Office of Minority Affairs
240 Old Country Rd., 3rd Floor
Mineola, New York 11501
516-572-2240**

EDWARD P. MANGANO
COUNTY EXECUTIVE



DR. PHILLIP E. ELLIOTT
DEPUTY COUNTY EXECUTIVE

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AFFIDAVIT OF NO CHANGE

I, _____ do hereby declare that I am
authorized to act on _____ (Name of M/WBE Owner) behalf of the business know
as _____ in executing this Affidavit.
(Name of Certified Business)

I swear or affirm that there have been no changes in the circumstances or ownership
of the business affecting its ability to meet the M/WBE status of the owner(s),
ownership, or control requirements for Nassau County M/WBE certification. There
has been no material changes in the information provided with the firm's original
application for certification, except for those changes previously submitted in writing
to the certifying agency. The firm meets the criteria for identification as a M/WBE for
purposes of M/WBE certification as established by Nassau County.

Signed and sworn to this _____ day of _____,
20____.

(Signature of M/WBE Owner)

(Title)

NOTARY PUBLIC:

STATE OF: _____

COUNTY OF: _____

On this _____ day of _____, 20____, THE ABOVE ASCRIBED did
appear before me and execute this Affidavit acting on behalf of (Name of Firm)

Notary Public Commission

Expiration